

Letters

The best time to reduce the dose or to stop a medicine is when it is about to be re-prescribed

The article advocating for a trial of reducing and ceasing antidepressant medicines after 12 months in patients for whom they are no longer indicated (*AJGP* December 2021)¹ echoes the calls made for a trial of reducing and ceasing proton pump inhibitors after eight weeks of treatment for uncomplicated gastro-oesophageal reflux symptoms.^{2,3}

The authors of the article about stopping antidepressants admit that it can be hard for general practitioners (GPs) to remember to consider a trial of reduction of these medicines: 'Reviewing and stopping medication when it is no longer indicated is an essential part of good prescribing practice, but in the time-pressured context of general practice it is sometimes overlooked'.

The obvious critical moment at which GPs can and should consider reduction or cessation is when they are about to re-prescribe the medicine after the initial duration of treatment (12 months for antidepressants or eight weeks for proton pump inhibitors). At this moment, the GP's electronic clinical software should ask the GP whether it is feasible to prescribe a lower dose or, if the patient is already on the lowest dose, whether it is possible not to re-prescribe the medicine. In practice, if the patient is already on the lowest dose, I think that many GPs would generate another prescription but advise the patient not to have it dispensed unless they find that they are clearly worse without it.

If the GP believes that it is undesirable for the patient to reduce or to stop the medicine, the GP should be able to note

in a structured format the reason why the patient needs to continue taking that dose, which will suppress any further reminders about reduction. In the absence of any reason for continuation being recorded, the question could be asked again when another 12 months have elapsed and the GP is about to re-prescribe the medicine.

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References

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